UNITED STATES	S DI	STRICT COU	RT
j	for the		RECEIVED
The Unemployment Cosh Tollett Defendant/Respondent massay))))	Civil Action No.	JAN 03 2025 US DISTRICT COURT MID DIST TENN

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS (Long Form)

Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Lyan Webb

Signed:

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly income amount during the past 12 months]		ount expected month			
·		You	T	Spouse		You	S	pouse	
Employment	\$	N/A	\$	N/A	\$	N/A	\$ N	4	
Self-employment	\$	less Han	\$)	\$ 1	est Han	\$)	
Income from real property (such as rental income)	\$	O	\$		\$	0	\$		
Interest and dividends	\$	0	\$		\$	0	\$		
Gifts	\$	0	\$		\$	0	\$		
Alimony	\$	0	\$	·	\$	0	\$		
Child support	\$	0	\$		\$	つ つ	\$		

Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ N	1/4	\$	0	\$ /	/A
Disability (such as social security, insurance payments)	\$ 0	\$		\$	0	\$	1
Unemployment payments	\$ 0	\$		\$	0	\$	
Public-assistance (such as welfare)	\$ 0	\$		\$	0	\$	
Other (specify): Received \$1500 EBT-gave \$1100-to my Aunt	\$ 400jine	\$		\$	0	\$/	
Other (specify): Received \$1500 EBT-gave \$1100-to my Aunt Uncle for 3 months litigation Using their room Total monthly income:	\$ less 0.00 Han 1000	\$ /	0.00	\$ /	1000 0.00	\$	0.00

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
Coff/Frools	ne Ulinois/Tennessee	2023-2024	F don't
litigation	/	2022-2024	s less than
			month

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer //	Address ///A	Dates of employment	Gross monthly pay
			\$N/A
			\$
L	(s 6

4. How much cash do you and your spouse have? \$ _\end{array} \frac{\left\{ \sigma \si

Financial institution	Type of account	Amount you have	Amount your spouse has
Cash App	online	\$ less than \$1	\$ N/A
Venmo	online	\$ loss Han \$1	\$
NA	NA	\$	\$ /

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

	1,0			
5. List the assets, and their val household furnishings.	lues, which you own or your spouse o	was. Do not l	ist clothing and ordin	ary
	Assets owned by you or your	spouse		
Home (Value) Stoken Lake	trial/Mortgage froud	//	\$ 0	
Other real estate (Value)			\$ O	
Motor vehicle #1 (Value) 655	than \$1000/Vando	lized	\$ less than I	 '000
Make and year:	18 F-150		owe \$ 32,	000
Model: For	d F-150			
Registration #: —				
Motor vehicle #2 (Value)	ss than 1000/dri	vetrain ssues	\$ less than	1000
Make and year: 2	1006 Charger		needs tie motor moun transmission mount, i	rod
Model:	dae Charger		Transpirissio	7
Registration #:			mount,	ocker
Other assets (Value) //A			\$	
Other assets (Value) Trades/	man Tools		\$ less than 3	500
6. State every person, busines	s, or organization owing you or your	spouse money	y, and the amount owe	ed.
Person owing you or your spouse	Amount owed to you	Ar	mount owed to your	spouse
money	\$	\$ /	V/A	
0	\$ 0	\$	/	
6	\$ 0	\$ /	/	
7. State the persons who rely	on you or your spouse for support.			
Name (or, if under 18, initials only		:		Age
V.1 10	Ma 21./			10-
Lianapped Son	IIKW SON			15_
	Į.			i

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home) Are real estate taxes included? Yes Tho Stolen Is property insurance included? Yes Tho	\$ 0	\$ N/A
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0	\$
Home maintenance (repairs and upkeep) Stolen by abuser	\$	\$
Food	\$3501sh	\$
Clothing	\$ 10 ish	\$
Laundry and dry-cleaning	\$50 ish	\$
Medical and dental expenses	\$ 0	\$
Transportation (not including motor vehicle payments)	\$450ish	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$ 0	\$
Life: MA	* O	\$
Health: NA	\$ O	\$
Motor vehicle \$30 doubled due to Sabatage	\$ 230	\$
Other: WA	\$ 💍	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$	\$
Installment payments and Lall debt 90		
Motor vehicle:	\$ 630	\$
Installment payments Motor vehicle: Credit card (name): Department store (name): Alimony, maintenance, and support paid to others Installment payments Alimony, maintenance, and support paid to others	\$ 0	\$
Department store (name):	\$ O	\$
Other:	\$ O	\$
Alimony, maintenance, and support paid to others	\$ 0	\$

Regular statement	expenses for operation of business, profession, or farm (attach detailed	\$ fue//450 x	* N/A	
Other (s	LIII TAKES MI GITEL	\$	\$ /	
_{9.}	Food I Smoke cigareffes Total monthly expenses O DRUGS: NO ALCOHOL: No Enfertail Do you expect any major changes to your monthly income or expenses next 12 months?	\$ 2000/\$\(^{0.00}\) Or in your assets or lie	\$ abilities during	0.00 ; the
10.	☐ Yes No If yes, describe on an attached sheet. Have you spent — or will you be spending — any money for expenses lawsuit? ☐ Yes ☐ No / Higation prose. My s	son's Kidnaf	njunction with	this
	If yes, how much? \$ 0 In fail	ng		
11.	Provide any other information that will help explain why you cannot pa My afformey Try Mayberry and are Architects to conspinacy	y the costs of these pr 1 Kevin Bi 2 Hat's no	roceedings. Nyant- ot	
12.	Your daytime phone number: 865-297-664/	ing in I	m	
	Your age: 46 Your years of schooling: 2-plus,	the Lin		
·	Gregory Ryan Webb I'm sorry, it's just not	ending,		
			-	

TO: U.S. D.C. Clerk

1719 Church St. Nashville, TN 37203

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